



Please **PRINT** all information legibly as it will appear on your permanent records. Both the trainer & trainee must complete this entire application prior to submission.

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home (     )		Work (     )		Cell (     )
Fire Department Name:				
Fire Department City/Town:				
Firefighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number    _ _ _ _ _ - _ _ _ _ _		Your ID number consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number</u> . Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Check one <input type="checkbox"/> State of Connecticut Certified Firefighter I <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.				

<p>By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.</p>	<hr/> <p>Applicant Signature</p>
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<p>Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application) The Certification Division <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted</p>	
<p>Written Examination____ Date _____</p> <p>Examination Location</p>	<p>Practical Examination ____ Date _____</p> <p>Examination Location</p>

Cash	Check-please indicate check # and date )	Purchase order	In service or Calendar Class (fee included in tuition)
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Applicant's Signature	Date
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C02-5/13

Name:

FFID#:

## Firefighter II – NFPA Standard 1001 Compliance

The Application process for Firefighter II Certification testing consists of three Sections:

Section A – Local Fire Department Skills Evaluation

Section B – Live Fire Suppression

Section C – Non-Live Fire Practical Skills Compliance and Evaluation

### Section A – Local Fire Department Skills Evaluation

Certain Job Performance Requirements (JPR's) are fire department specific and cannot be effectively examined in a state or regional fire school examination setting. The following JPR's **must be performed, and evaluated, locally**. Failure to complete each JPR below will prevent entry into the Firefighter II examination process.

		Local Fire Department Sign off	Date Completed
JPR 6.5.1	Fire Safety Survey in a Private Dwelling SS# 6.5.1A		
JPR 6.5.2	Present Fire Safety Information to Station Visitors SS# 6.5.2A, SS# 6.5.2B		

### Section B – Live Fire Suppression

Prior to certification at the Firefighter II level, each candidate must complete specific live fire suppression activities in accordance with the following NFPA 1001 objectives: 6.3.1, 6.3.2, and 6.3.3. These activities must be verified on a **separate, "Firefighter II Certification Live Fire Suppression Verification Form"**.

### Section C – Non-Live Fire Practical Skills Compliance and Evaluation

#### Training Program Completion

All objectives of NFPA Standard 1001, Chapter 6 must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:

- ☐ **Compliance Method 1** - Successful completion of a Connecticut Regional Fire School Firefighter II training program
- ☐ **Compliance Method 2** - Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter II accredited certificate
- ☐ **Compliance Method 3** - Individual training or educational program (Prior CFPC approval required)

Training Program Location \_\_\_\_\_

Date program completed \_\_\_\_\_

#### Practical Skills Evaluation Sheets

Each candidate for Firefighter II Certification must be provided with, exposed to, and evaluated on all Firefighter II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this Section acknowledge receipt of a copy of all Firefighter II Skills Evaluation Sheets.

I hereby acknowledge receipt of the Firefighter II Practical Skills Evaluation Sheets

Candidate initials:

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1001, Chapter 6, 2008 edition, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skills evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Date Psychomotor Skills will be satisfactorily performed and Evaluated: \_\_\_\_\_

Firefighter II Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date